

Intern Name: _____ Mentor Name: _____

Initial inventory completed in Aug/Sept with mentor. Turn in at first Intern Meeting

**** This Completed Page is to be turned in to the Teacher Coordinator. Both the Mentor and Intern Will Keep A Copy For Their Records**

Specific Intern Goals (Site the Critical Attribute category):	Support Facilitated by Mentor to Help the Intern Achieve Goals:
Attribute: _____ Needs: _____ _____	Support: _____ _____ _____
Attribute: _____ Needs: _____ _____	Support: _____ _____ _____
Attribute: _____ Needs: _____ _____	Support: _____ _____ _____
Attribute: _____ Needs: _____ _____	Support: _____ _____ _____

The Mentor & Intern will schedule weekly meetings every _____ at _____ / _____ at _____
 (Day) (Time) (Day) (Time)

Intern Name: _____ **Mentor Name:** _____